





# STATE OF WASHINGTON APPLICATION TO ENTER A WATER RIGHT INTO THE TRUST WATER RIGHT PROGRAM

NOTE: THIS FORM IS **ONLY** TO BE USED FOR THE ACQUISITION OF WATER INTO THE TRUST WATER RIGHT PROGRAM

(Check all that apply.)  Lease Purchase X Donation Other Explain: Seasonal Duration  Portion of the identified existing water right  IF FOR SEASONAL OR TEMPORARY, START DATE May 15, 2009	FOR OFFICE USE ONLY  FILE No. CS 2 - SWC 712 WRIA 28  DATE ACCEPTED 12126108 BY SC  FEE \$ REC'D			
1. Applicant Information:	DUONE NO	FAVAIO		
APPLICANT/BUSINESS NAME City of Camas Att. Eric Levison	PHONE NO. 360-817-1563 ext. 4251	FAX NO.		
Address 616 NE 4th Avenue	1 7231			
CITY Camas	STATE WA	ZIP CODE 98607		
CONTACT NAME (IF DIFFERENT FROM ABOVE) Jill Van Hulle Pacific Groundwater Group	PHONE NO. (360) 413-1510	FAX NO.		
ADDRESS 3130 60th Loop SE CITY Olympia	STATE WA	ZIP CODE 98501		
2. Water Right Information:	WA	70301		
WATER RIGHT OR CLAIM NUMBER  SWC 712  RECORDED NAME(S)  City of Camas				
DO YOU OWN THE RIGHT? YES DNO IF NO, PROVIDE OWNE	R(S) NAME and ADDRESS:			
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEA ARE WATER DIVERSIONS/WITHDRAWALS OF THIS WATER RIGHT METERE		S □ NO		
IMPORTANT! PROVIDE INFORMATION SHOWING THE EXTENT OF WATER	USE FOR EACH OF THE LAST F	IVE YEARS		
Please attach copies of any documentation that demonstrate was established. Also, if you have a water system plan or coapplication.				
WATER RIGHT NO. 7/2 FILE (con	E <b>ONLY</b> tract) NO. <u>(5</u> 3-54	JC712		

B. How is Water to be Made Available for Trust?					
Alteration in method of diversion	Alteration in water use/ irrigated acreage				
☐ Alteration in method of delivery/conveyance	Nonuse of one or more points of diversion				
Alteration in method of water application	Nonuse of all or a portion of the named water right				
Alteration in type of crop	Other, Explain below:				
Name of funding source(s): Ecology Source Rep	lacement Grants				

### **WATER RIGHT DESCRIPTION** \*

## Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
Boulder Creek		NW	NE	4	2N	4E		

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

## 5. Purpose of Use:

A. Existing Use of the Water Right

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Domestic Supply	2.5	1820	Year-round

B. Proposed Purpose of the Trust Water Right:

PURPOSE OF USE	ACRE-FEET/YR	PERIOD OF USE
Seasonal Instream flow	843	May 15 – Oct. 31

#### 6. Place of Use:

A. Existing:

<sup>\*</sup> If additional space is needed, please continue on the form: Attachment for Application to Enter a Water Right into the Trust Water Right Program.

## 6. Place of Use (continued)

#### B. Proposed:

IDENTIFY THE WATER BODY TO BE BENEFITED OR OTHER PLACE TO BE BENEFITED

Boulder Creek, and the Little Washougal River, Washougal River, and Columbia River mainstem confluence with Pacific Ocean

## 7. Remarks and Other Relevant Information:

Multiple water rights are held by the City of Camas as detailed in the City's Water System Plan and Ecology records

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

## 8. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I hereby grant staff from the Department of Ecology access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

City of CAMAS (Applicant)

City of CAMAS (Date)

City of CAMAS (Date)

(Date)

City of CAMAS (Date)

City of CAMAS (Date)

(Date)

City of CAMAS (Date)

(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

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